

BEST AVAILABLE COPY

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| CLAIMS ONLY | SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09 975 917</div> | FILING DATE <div style="font-size: 1.2em; font-family: cursive;">10-10-01</div> |
| APPLICANT(S) | | |

| CLAIMS | | | | | | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| TOTAL IND. | 3 | | | | | |
| TOTAL DEP. | 17 | | | | | |
| TOTAL CLAIMS | 20 | | | | | |

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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS